APPENDIX D:
PERFORMANCE MEASURE DEFINITIONS FOR
FY 2002-2003 BIENNIUM

Texas Department of Health Strategic Planning/Budget Structure is pending approval from the Legislative Budget Board and the the Governor's Office of Budget and Planning as of May 24, 2000.

Goal A

Objective: 01-01 To identify, prevent and solve the most significant hazards

Outcome: 1: Percentage of inspected entities in compliance with statutes and/or rules

Short Definition: Percentage of entities in compliance with statutes and/or rules is a measure identified during surveillance activities. An inspected entity is a fixed or mobile site (usually a place of business) that the Department is directed to inspect by statute. Includes routine and compliance investigations and may be randomly selected or complaint initiated. An inspected entity is determined to be in compliance when serious conditions, as defined by programmatic area, are not identified upon inspection.

Purpose: Measures the percentage of entities in compliance with statutes and/or rules.

Source/Collection of Data: The data is calculated from information submitted monthly by program staff. The measure is obtained manually or from automated databases. The performance report data are calculated and compiled by designated program staff on an annual basis percentage.

Method of Calculation: This percentage is calculated by dividing the number of inspected entities in compliance by the total number of inspected entities. Each strategy's percentage is added together and divided by the number of strategies to arrive at this percentage.

Data Limitations: None

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076 - R 01 - 01 – 01

Strategy: 01-01-01 Border Health and Colonias

Efficiency: 01 Average number of days for surveillance activities

Short Definition: The average number of days for surveillance activity is defined as the number of days from the initiation of a surveillance activity to its conclusion.

Purpose/Importance: Measures the average number of days for surveillance activity is defined as the number of days from the initiation of a surveillance activity to its conclusion.

Source/Collection of Data: This includes the date of notification; the time involved in doing onsite visits and interviews; follow-up visits and interviews with appropriate TDH departments and/or other state and federal agencies; any special studies required; and final reports and presentations. Surveillance activities include epidemiological investigations to determine environmental causes of illness and assessments to document environmental health hazards in communities along the Texas-Mexico border.

Method of Calculation: The average number of days for surveillance activities is computed using activity reports submitted by staff to a central location. The central location uses the monthly activity reports to total the number of days it takes the staff to complete a surveillance activity, divides the total number of days by the number of surveillance activities reported by the staff and establishes an overall average number of days.

Data Limitations: None

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Lower than target

Cross Reference to Prior Biennium*:* AGY 501 076 - R   01 - 01 - 01   EF 01

Output: 01 Number of surveillance activities conducted

Short Definition: The number of surveillance activities conducted is defined as the total number of investigations/inspections performed by staff, which are documented by an appropriate investigation/inspection or work report. Both routine and special investigations/inspections are included in this definition.

Purpose/Importance: Measures the number of surveillance activities conducted.

Source/Collection of Data: Investigations include routine inspections, complaint investigations, special compliance inspections, enforcement inspections, collection of official samples, monitoring and any other types of investigation performed at a place of business, school, clinic, public building, temporary work place, other facility, or area. Surveillance activities include investigations, inspections, studies, environmental block surveys, laboratory analyses, and other activities completed. Telephone consultations and office visits are not included in this measure.

Method of Calculation: The number is cumulative for any fiscal year and is computed manually or from computerized data base from activity reports submitted to staff.

Data Limitations: None

Calculation Type: Cumulative

New Measure: No

Desired Performance: Lower than target

Cross Reference to Prior Biennium: AGY 501 076 - R   01 - 01 - 01   OP 01

Output: 02 Number of citizen/community activities implemented

Short Definition: The number of citizen/community activities implemented is defined as the total number of activities conducted, or participated in, where private citizens, government officials and/or community groups interface with TDH personnel.

Purpose/Importance: Measures the number of citizen/community activities implemented.

Source/Collection of Data: This measure is calculated either manually or using automated data bases.

Method of Calculation: The count of activities includes: talks and presentations given to other governmental agencies and to citizen groups, special talks and other assistance given to governmental officials, courses presented for the general public and specialized individuals in industry, press releases, public information materials completed, assistance provided to local governments in ordinance development, assistance provided to rabies vaccination clinics, on-site visits related to rabies control, community surveys, and the number of doses of rabies vaccine or biologicals distributed.

Data Limitations: None

Calculation Type: Cumulative

New Measure: No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076 - R   01 - 01 - 01   OP 02

Strategy: 01-01-02 Food (Meat) and Drug Safety

Efficiency : 01 Average cost per surveillance activity

Short Definition: The average cost per surveillance activity is defined as the average of all costs for the inspection and investigation programs relative to food and drug safety.

Purpose/Importance: Measures the average cost per surveillance activity.

Source/Collection of Data: The costs are calculated from dollars expended for each program area, as indicated by departmental printouts or electronic downloads, and the number of surveillance activities is obtained from automated databases or activity reports. The numbers are compiled by designated program staff, verified by program managers, certified as accurate by the Division Director and reviewed by the Bureau Chief prior to final submission.

Method of Calculation: The year-to-date cost is calculated for each program area: manufactured food, retail foods, drugs and medical devices, meat safety, milk and dairy, and seafood safety. These costs are divided by the program area's year-to-date number of surveillance activities conducted. The quotients are then averaged by the weighted-average method to arrive at the average cost.

Data Limitations: None

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Lower than target

Cross Reference to Prior Biennium: AGY 501 076 - R   01 - 01 - 02   EF 01

Output: 01 Number of surveillance activities conducted

Short Definition: The number of surveillance activities conducted is defined as the total number of routine and special inspections, complaint investigations, special compliance investigations, enforcement inspections, collection of samples, classification of shellfish growing areas, surveys of aquatic life harvesting areas, collection of official samples, and any other type of investigation performed at a place of business, school, clinic, public building, temporary work place, other facility, or area. Surveillance activities include investigations, inspections, laboratory analyses, and other activities completed. Telephone and office consultations are not included in this measure.

 Purpose/Importance: Measures the number of surveillance activities conducted.

Source/Collection of Data: The data is computed manually or from a computerized database of activity reports submitted by staff.

Method of Calculation: The number of surveillance activities conducted is defined as the total number of routine and special inspections, complaint investigations, special compliance investigations, enforcement inspections, collection of samples, classification of shellfish growing areas, surveys of aquatic life harvesting areas, collection of official samples, and any other type of investigation performed at a place of business, school, clinic, public building, temporary work place, other facility, or area.

Data Limitations: None

Calculation Type: Cumulative

New Measure: No

Desired Performance: Higher than target

Cross Reference to Previous Biennium: AGY 501 076 - R   01 - 01 - 02   OP 01

Output: 02 Number of enforcement actions initiated

Short Definition: The number of enforcement actions initiated is defined as the total number of enforcement related activities initiated.

Purpose/Importance: Measures number of enforcement actions initiated.

Source/Collection of Data: Enforcement actions include (but are not limited to) dealing with permits, licenses, grant of inspections, registration or certificate suspensions, detentions, destructions, non-routine sample collection, preparation of maps for classification of shellfish growing areas or areas where taking of aquatic life is prohibited, issuing orders or advisories, proposal of and administrative penalties, actions sought in courts of law, and drug scheduling and administrative orders (more detailed list available in Food and Drug Safety Bureau).

Method of Calculation: The number of enforcement actions initiated is defined as the total number of enforcement related activities initiated.

Data Limitations: None

Calculation Type: Cumulative

New Measure: No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076 - R   01 - 01 - 02   OP 02

Output: 03 Number of licenses/registrations issued

Short Definition: This is the measure of the total number of licenses, permits, registrations, certifications and accreditations issued. This includes food manufacturers and wholesalers, meat safety assurance grants of inspection and custom exemption, in-state and out-of-state drug manufacturers and wholesalers, salvage establishments and brokers, rendering licenses and construction permits, narcotic treatment programs, crabmeat plants, shellfish plants, crabmeat importers, milk and dairy plants, frozen dessert plants, tanning facilities, tattoo and body piercing studios, accreditation of food service workers courses, certificates of free sale for products to be exported to foreign countries, certificates of competency for bottled and vended water operators, and any other licenses required by statute.

Purpose/Importance: Measures number of licenses/registrations issued.

Source/Collection of Data: Calculated manually or using automated databases from activity reports submitted by staff.

Method of Calculation: This is the measure of the total number of licenses, permits, registrations, certifications and accreditations issued.

Data Limitations: None

Calculation Type: Cumulative

New Measure: No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076 - R   01 - 01 - 02   OP 03

Strategy: 01-01-03 Environmental Health

Efficiency: 01 Average cost per surveillance activity

Short Definition: The average cost per surveillance activity is defined as the average of all costs for the inspections and investigation programs (review of chemical inventory reports know as "Tier Two" reports is not considered a surveillance activity) relative to environmental health.

Purpose/Importance: Measures the average cost per surveillance activity.

Source/Collection of Data: The cost numbers are calculated from dollars expended by the Toxic Substances Control Division, General Sanitation Division, and Product Safety Division for surveillance activities. The number of surveillance activities is obtained from monthly activity reports.

Method of Calculation: The year-to-date total costs are divided by the year-to-date total surveillance activities performed. The average is calculated using the weighted-average method. The numbers are compiled by designated program staff, verified by program managers, certified by the Division Director, and reviewed by the Bureau Chief prior to final submission. Automated databases are used where feasible.

Data Limitations: None

Calculation Type: Non-cumulative

New Measure: Yes

Desired Performance: Lower than target

Cross Reference: AGY 501 076 - R   01 - 01 - 03   EF 02

Efficiency: 02 Average number of days for asbestos license issuance

Short Definition: The average number of days for asbestos license issuance is defined as the number of days from the date on which the program receives the last documentation from an applicant necessary for issuance of a license until it is issued. For purposes of this efficiency measure, "license" includes new and renewal licenses, permits, registrations, certifications, accreditations issued or initially denied.

Purpose/Importance: Measures the average number of days for asbestos license issuance.

Source/Collection of Data: This measure is derived manually from an automated database into which program staff enters the dates and types of actions.   The origin of the dates is the date the application is received by the program and the date the license documents are either mailed or issued directly to the applicant. The numbers are compiled by designated program staff, verified by program managers, certified as accurate by the Division Director, and reviewed by the Bureau of Chief prior to final submission. Automated databases are used where feasible.

Method of Calculation: The average number of days is calculated by computer program by summing the total number of days for all asbestos license issuances for the reporting period and dividing that number by the number of asbestos licenses issued during that time.

Data Limitations: None

Calculation Type: Non-cumulative

New Measure: Yes

Desired Performance: Lower than target

Cross Reference to Prior Biennium: There is no cross-reference to the prior biennium since this is a new measure.

Output: 01 Number of surveillance activities conducted

Short Definition: The number of surveillance activities conducted is defined as the total number of surveillance activities performed by staff and documented by an appropriate completed report.

Purpose/Importance: Measures the number of surveillance activities conducted

Source/Collection of Data: Surveillance activities include routine and special inspections, complaint investigations, special compliance investigations, enforcement inspections, collection of samples, and any other type of investigation performed at a place of business, school, clinic, public building, laboratory analysis of samples, temporary work place, other or any facility or location. Telephone consultations and office visits (e.g., meetings with TDH employees at the TDH employees' offices) are not included in this measure.

Method of Calculation: This measure is calculated from monthly activity reports. The numbers are compiled by designated program staff, verified by program managers, certified as accurate by the Division Director, and reviewed by the Bureau Chief prior to final submission. Automated databases are used where feasible.

Data Limitations: None

Calculation Type: Cumulative

New Measure: No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076 - R   01 - 01 - 03   OP 01

Output: 02 Number of enforcement actions initiated

Short Definition: The number of enforcement actions initiated is defined as the total number of enforcement related activities initiated.

Purpose/Importance: Measures the number of enforcement actions initiated.

Source/Collection of Data: Enforcement actions include notices of violation, license revocations, suspensions and denials (includes licenses, permits, certificates, registrations, and accreditations), enforcement conferences, administrative hearings, post inspection compliance letters, referral to the Attorney General or other appropriate authority for civil or criminal penalties seeking an injunction, and all other actions at law. This measure is calculated from monthly activity reports.

Method of Calculation: The numbers are compiled by designated program staff, verified by program managers, certified as accurate by the Division Director, and reviewed by the Bureau Chief prior to final submission. Automated databases are used where feasible.

Data Limitations: None

Calculation Type: Cumulative

New Measure: No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076 - R   01 - 01 - 03   OP 02

Output: 03 Number of asbestos licenses issued

Short Definition: This measure includes the total number of actions proposed on asbestos licenses, permits, registrations, certifications, and accreditations issued. For purposes of this output measure, "license" includes new and renewal licenses, permits, registrations, certifications, accreditations issued or initially denied.

Purpose/Importance: Measures number of asbestos licenses issued.

Source/Collection of Data: The origin of the dates is the date the application is received by the program and the date the license documents are either mailed or issued directly to the applicant.   The numbers are compiled from designated program staff, verified by program managers, certified as accurate by the Division Director, and reviewed by the Bureau Chief prior to final submission. Automated databases are used where feasible.

Method of Calculation: This measure includes the total number of actions proposed on asbestos licenses, permits, registrations, certifications, and accreditations issued.

Data Limitations: None

Calculation Type: Cumulative

New Measure: Yes

Desired Performance: Higher than target

Cross Reference to Prior Biennium: There is no cross-reference to the prior biennium since this is a new measure.

Strategy: 01-01-04 Radiation Control

Efficiency: 01 Average number of days for license issuance

Short Definition: The average number of days for radioactive material license issuance is defined as the average number of days from the date on which the program receives the last documentation from an applicant necessary for issuance for a license until it is issued.

Purpose/Importance: Measures the average number of days for license issuance

Source/Collection of Data: The source of data is the log (automated database) compiled by designated program staff. The origin of the dates is from the applications and/or letters of information received and license documents issued. The data is derived manually and from an automated database into which program staff enters the dates and types of actions. The origin of the dates is the application and/or letters of information received and license documents issued

Method of Calculation: The bureau's average number of days is calculated by computer program by summing the total number of days for all new license issuances for the reporting period and dividing by the number of new licenses issued during that time. The numbers are compiled by designated program staff. The numbers are verified by program managers and certified as accurate by the division director. They are reviewed by the bureau chief prior to final submission.

Data Limitations: None

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Lower than target

Cross Reference to Prior Biennium: AGY 501 076 - R   01 - 01 – 04   EF 01

Efficiency: 02 Average cost per surveillance activity

Short Definition: The average cost per surveillance activity is defined as the average of all costs for the inspection and investigation of programs relative to radiation control.

Purpose/Importance: Measures the average cost per surveillance activity.

Source/Collection of Data: The cost number is calculated from dollars expended as indicated by departmental printouts or electronic downloads, and the number of surveillance activities is obtained from monthly activity reports.

Method of Calculation: The cost for these activities is the actual year-to-date expended amount for surveillance activities. The number of surveillance activities performed is the actual year-to-date total surveillance activities conducted (output measure number 01). The bureau's average cost is determined by the weighted-average method. Total costs year-to-date are divided by the total number of surveillance activities. The numbers are compiled by designated program staff. The numbers are verified by program managers and certified as accurate by the division director. They are reviewed by the bureau chief prior to final submission.

Data Limitations: None

Calculation Type: Non-cumulative

New Measure: No.

Desired Performance: Lower than target

Cross Reference to Prior Biennium: AGY 501 076 - R   01 - 01 – 04   EF 02

Output: 01 Number of surveillance activities conducted

Short Definition: The number of surveillance activities conducted is defined as the total number of investigations/inspections of radiation performed by staff, which are documented by an appropriate investigation/inspection report.

Purpose/Importance: Measures the number of surveillance activities conducted.

Source/Collection of Data: Source data are investigation/inspection reports submitted by staff, and if applicable, environmental monitoring results. Routine and special investigations/inspections are included in definition. Investigations include routine inspections, complaint investigations, special compliance investigations, enforcement inspections, collection of official samples, and any other type of investigation performed at place of business, school, clinic, public building, temporary work place, other facility, or area. Surveillance activities include investigations, inspections, laboratory analyses, and other activities completed. Telephone consultations and office visits are not included in this measure.

Method of Calculation: The bureau's numbers are derived by summing the number of surveillance activities that are indicated on each employee's monthly activity sheet or taken from each public health region activity report to calculate a combined total. The activity reports are reviewed and the numbers compiled by designated program staff. The numbers are verified by program managers and certified as accurate by the division directors. They are reviewed by the bureau chief prior to final submission.

Data Limitations: None

Calculation Method: Cumulative

New Measure: No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076 - R   01 - 01 - 04   OP 01

Output: 02 Number of enforcement actions initiated

Short Definition: The number of enforcement actions initiated is defined as the total number of enforcement related activities initiated. Enforcement actions include a radioactive material license, x-ray or laser registration, industrial radiography certification, general license acknowledgment, mammography certification, or identification card revocation, enforcement conference, proposal of administrative penalties, administrative hearings, post inspection compliance letters, forwarding a case to the Attorney General or other appropriate authority for civil or criminal penalties or seeking an injunction for appropriate reason, and any other actions in courts of law.

Purpose/Importance: Measures the number of enforcement actions initiated.

Source/Collection of Data: This measure is calculated from monthly reports manually and/or from automated databases.

Method of Calculation: The bureau's numbers are derived by summing the number of actions that are indicated on each employee's monthly activity sheet. The activity reports are reviewed and the numbers compiled by designated program staff. The numbers are verified by program managers and certified as accurate by the division director. They are reviewed by the bureau chief prior to final submission.

Data Limitations: None

Calculation Method: Cumulative

New Measure: No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076 - R   01 - 01 - 04   OP 02

Output: 03 Number of licenses/registrations issued

Short Definition: This is the measure of the total number of actions issued on radioactive material licenses, x-ray or laser registrations, industrial radiography certifications, general license acknowledgments, and mammography certifications (includes new permits, amendments, renewals, and terminations).

Purpose/Importance: Measures the number of licenses/registrations issues.

Source/Collection of Data: The source data are the actual documents issued. The activity reports are reviewed and the numbers compiled by the designated program staff. The numbers are verified by program managers and certified as accurate by the division director. They are reviewed by the bureau chief prior to final submission.

Method of Calculation: The measure is calculated manually or using automated databases compiled from reports submitted by staff. The bureau's numbers are derived by summing the number of actions from monthly activity reports submitted by staff and by computer program. The program uses automated databases into which program staff have entered the actions completed. It totals the number of actions for the reporting period.

Data Limitations: None

Calculation Method: Cumulative

New Measure: No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076 - R   01 - 01 - 04   OP 03

Output: 04 Number of radiation survey meters and dosimeter kits calibrated or repaired

Short Definition: The number of radiation survey meters and dosimeter kits calibrated or repaired is defined as the total number of calibrations or repairs performed by staff which are documented by an appropriate report.

Purpose/Importance: Measures the number of radiation survey meters and dosimeter kits calibrated or repaired.

Source/Collection of Data: The source data are the reports submitted by staff. The activity reports are verified by program managers and certified as accurate by the division directors. They are reviewed by the bureau chief prior to final submission.

Method of Calculation: The number is computed manually or from a computerized database from activity reports submitted by staff. The bureau's numbers are derived by summing the number of meter/kit repairs/calibrations that are indicated on each employee's monthly activity sheet calculated to a combined total.

Data Limitations: None

Calculation Method: Cumulative

New Measure: No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076 - R   01 - 01 - 04   OP 04

Objective: 01-02 To increase the statewide participation of eligible low-income women, infants and children

Outcome: 01 Percentage of eligible WIC population served

Short Definition: This measure represents the percent of potentially eligible clients that are provided services during the most recent month for which data are available. To be certified and participate in the WIC program, infants, children, and pregnant, postpartum, and breast-feeding women shall reside within the jurisdiction of the state, meet certain income criteria, and meet nutritional risk criteria.

Purpose/Importance: Measures the percentage of eligible WIC population served

Source/Collection of Data: Participation is reported in the output measure "Number of WIC Participants Provided Food Supplements per Month." For number of WIC participants, see the measure "Number of WIC Participants Provided Food Supplements." Potential eligibles come from the Texas WIC Program County Potential Eligible Estimates Report which is produced by TDH. Potential eligibles are an estimate of the number of pregnant, postpartum or breast-feeding women, as well as children up to the age of 5 whose family incomes are at or below 185% of the Federal Poverty Level.

Method of Calculation: The percentage is calculated by dividing the most recent month's number of WIC participants by the estimated number of persons eligible for WIC services at the time the report is due.

Data Limitations: Any updates to this performance will not attempt to update the estimated potential eligibles counts due to more recently revised potential eligible estimates. Estimates for potential eligibles may underestimate the number actually eligible because the estimates do note account for immigration. Estimates may be used at reporting deadlines. This calculation is based on a federal fiscal year.

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Higher than target

Cross Ref To Prior Biennium: AGY 501 076 - R   01 - 02 – 01

Strategy: 01-02-01 WIC Food and Nutrition

Efficiency: 01 Average food costs per person receiving services

Short Definition: The average food cost per person is the average cost of supplemental allowable foods purchased as part of the services to eligible WIC program participants. A low average food cost per participant enables the WIC Program to serve a greater percent of the potentially eligible population. Please see "Number of WIC participants provided food supplements" for the definition of participation.

Purpose/Importance: Measures the average food costs per person receiving services.

Source/Collection of Data: Actual food costs are obtained from the Texas Department of Health's (TDH's) automated accounting records, which aggregate payments made to vendors with food funds. Rebates are calculated within the WIC Information network (WIN) automated system using the effective contract rebate rates as specified in the respective contracts. In the future, another automated system may replace the current WIN automated system. The data from that new system may be combined with the current WIN automated system and/or replace the data from the current WIN automated system.

Method of Calculation: Food costs are reported by issue/benefit month. Rebates, which are netted against total food costs, are calculated using rebates received for items purchased with food funds for that issue/benefit month. To calculate the post-rebate average cost per participant, the total food cost for the reporting period less the total rebate dollars for the reporting period is divided by the total number of participants served during the reporting period. This calculation is based on a federal fiscal year.

Data Limitations: Estimates may be used at reporting deadline.

Calculation Type: Non-cumulative

New Measure: No.

Desired Performance: Lower than target

Cross reference to previous Biennium: AGY 501 076 - R   01 - 02 - 01   EF 01

Efficiency: 02 Average cost per person for delivery of nutrition education and other clinic services

Short Definition: The average cost for delivery of nutrition education and other clinic services includes those allowable direct and indirect costs (exclusive of food costs) necessary to support program operations. These include the costs of program administration, clinic operations (local agencies), certification, nutrition education, breastfeeding promotion, monitoring, auditing, the development/operation of the food delivery system, automated program management systems, and outreach.

Purpose/Importance: Measures the average cost per person for delivery of nutrition education and other clinic services.

Source/Collection Of Data: The federal fiscal year-to-date costs are derived from the Grants Management Summary of Expenditures report, prepared once a month for the federal report due to USDA. The federal report shows year-to-date expenditures and obligations as well as the monthly participation figures.

Method Of Calculation: These costs include both state and local agency costs, the total of which is divided by "participation" (which is defined in the output measure entitled "Number of WIC Participants Provided Food Supplements per Month") for the same period to arrive at the average. This calculation is based on a federal fiscal year. Complete data may not be available for the period at the time the performance measure report is due.

Data Limitations: Estimates may be used at reporting deadline.

Calculation Method: Non-cumulative

New Measure: No

Desired Performance: Lower than target

Cross Reference to Previous Biennium: AGY 501 076 - R   01 - 02 - 01   EF 02

Explanatory: 01 Incidence (percent) of low birth weight babies born to women, infants and children (WIC) nutrition program mothers

Short Definition: This explanatory measure reflects the percentage of low birth weight babies born to WIC mothers. A low birth weight (LBW) infant is defined as an infant who weighs 5 1/2 lbs. or less at birth.

Purpose/Importance: Measures the incidence (percent) of low birth weight babies born to women, infants and children (WIC) program mothers.

Source/Collection Of Data: Local WIC clinics transmit data into the WIC Information Network (WIN) automated system to the central WIC office at TDH. In the future, another automated system may replace the current WIN automated system. The data from that new system may be combined with the current WIN automated system and/or replace the data from the current WIN automated system.

Method Of Calculation: To determine the percent of LBW infants born to WIC mothers, the total number of LBW infants born to WIC mothers during the reporting period is divided by the total number of all infants born to WIC mothers during the reporting period. This calculation is based on a federal fiscal year.

Data Limitations*:* Estimates may be used at reporting time.

Calculation Method: Non-cumulative

New Measure: No

Desired Performance: Lower than target

Cross Reference to Prior Biennium: AGY 501 076 - R   01 - 02 - 01   EX 01

Output: 01 Number of WIC participants provided food supplements per month

Short Definition: This output measures actual state-wide monthly participation determined by the number of WIC clients provided with food supplement instruments (i.e., food voucher coupons) for a particular month. The United States Department of Agriculture (USDA) and TDH define WIC client participation as: the sum of the number of persons who have received supplemental food instruments plus the number of totally breastfed infants (i.e., receiving no supplemental food instruments) whose mothers were WIC participants and received food benefits during the reporting period.

Purpose/Importance: This output measures actual state-wide monthly participation determined by the number of WIC clients provided with food supplement instruments for a particular month.

Source/Collection Of Data: Participation counts are collected through the WIC Information Network (WIN) automated system. In the future, another automated system may replace the current WIN automated system. The data from that new system may be combined with the current WIN automated system and/or replace the data from the current WIN automated system.

Method Of Calculation: The most recent available monthly participation count at the time the report is due will be reported for both the quarterly and year-to-date performance. This calculation is based on a federal fiscal year.

Data Limitations: Preliminary participation counts and/or estimates for monthly participation may be used at reporting deadline.

Calculation Method: Non-cumulative

New Measure: No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076 - R   01 - 02 - 01   OP 01

Output: 02 Number of first trimester pregnant women newly certified per month

Short Definition: This measure indicates the number of women enrolled in WIC during the first trimester of their pregnancy. At certification, a pregnant woman's expected delivery date is entered into the WIC Information Network (WIN) automated system. Once a client has been determined eligible for participation in the WIC Program, that client is considered enrolled in the program.

Purpose/Importance: Measures the number of first trimester pregnant women newly certified per month in WIC program.

Source/Collection Of Data: Counts are collected through the WIC Information Network (WIN) automated system. In the future, another automated system may replace the current WIN automated system. The data from that new system may be combined with the current WIN automated system and/or replace the data from the current WIN automated system.

Method Of Calculation: A monthly count of women who are certified during their first trimester of pregnancy is obtained. For the reporting period, the most recent complete monthly count will be reported for both quarterly and year-to-date performance. This calculation is based on a federal fiscal year.

Data Limitations: Estimates may be used at reporting deadline.

Calculation Method: Non-cumulative

New Measure: No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076 - R   01 - 02 - 01   OP 02

Output: 03 Number of WIC participants served in the farmers market program

Short Definition: This output measures farmer's market participation determined by the number of qualified WIC participants provided with farmer's market food instruments (i.e., food voucher coupons) during certain State Agency authorized months. Qualified WIC participants in the farmer's market program include all women and children served by WIC at local agencies participating in the farmer's market program. WIC infants are not qualified to participate in this program. Local agencies submit requests to TDH identifying the months they wish to issue farmer's market food instruments to their qualified WIC participants for fresh fruit and vegetables.

Purpose/Importance: This output measures farmer's market participation determined by the number of qualified WIC participants provided with farmer's market food instruments during certain State Agency authorized months.

Source/Collection of Data: Participation counts are collected through the WIC Information Network (WIN) automated system. In the future, another automated system may replace the current WIN automated system. The data from that new system may be combined with the current WIN automated system and/or replace the data from the current WIN automated system.

Method of Calculation: The most recent available participation count at the time the report is due will be reported. This calculation is based on a federal fiscal year.

Data Limitations: Estimates for monthly participation may be used at reporting deadline.

Calculation Method: Cumulative

New Measure: No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076 - R   01 - 02 - 01   OP 03

Output: 04 Number of WIC participants provided nutrition, education, and counseling services annually

Short Definition: The total number of times WIC participants receive either group nutrition education or individual nutrition counseling during the reporting period. WIC participants are typically seen at the WIC clinic every 2 to 3 months and are offered group education or individual counseling during each of these visits. This is a duplicative count because participants may receive between 4 and 6 educational contacts per year.

Purpose/Importance: Measures the total number of times WIC participants receive either group nutrition education or individual nutrition counseling during the reporting period.

Source/Collection Of Data: The WIC Information Network (WIN) automated data system is the data source. Local WIC agencies document nutrition education and counseling contacts on the system at the clinic level and transmit this data to the central WIC office at TDH. In the future, another automated system may replace the current WIN automated system. The data from that new system may be combined with the current WIN automated system and/or replace the data from the current WIN automated system.

Method Of Calculation: The WIN system is queried at the central WIC office to derive this total for the reporting period. In the future, another automated system may replace the current WIN automated system. The data from that new system may be combined with the current WIN automated system and/or replace the data from the current WIN automated system. This calculation is based on a federal fiscal year.

Data Limitations: Estimates may be used at reporting deadlines.

Calculation Method: Cumulative

New Measure: No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076 - R   01 - 02 - 01   OP 04

Objective: 01-03 To decrease the burden of preventable diseases, injuries, deaths, and conditions

Outcome: 01 Percent of AIDS cases diagnosed two years ago and living 24 months or more

Short Definition: The outcome measure, percent of AIDS cases diagnosed two years ago and living 24 months or more, measures improvements or decrements in the survival of people with AIDS.

Purpose/Importance: Measures the percent of AIDS cases diagnosed two years ago and living 24 months or more.

Source/Collection of Data: Two automated data sets, the Bureau of HIV and STD Prevention AIDS Case Registry and the Bureau of Vital Statistics death certificates.

Method of Calculation: Using modified life table methods, survival analysis captures the cumulative proportion of the cohort diagnosed with AIDS two calendar years ago who lived 24 months or more after AIDS diagnosis. The technique, a follow-up table analysis (see SURVIVAL in SPSS for Windows) is unlike simple life table; it adjusts for cases in the cohort diagnosed less than 24 months prior to the analysis. Using month and year of AIDS diagnosis, the procedure selects all AIDS cases diagnosed in the calendar year two years prior to the current year. For each case, date of diagnosis and date of death are used to calculate longevity in months. Cases without a date of death are assumed to be alive. The routine in turn computes the proportion of cases surviving one month, two months, etc., up through 24 months; it uses them to compute the cumulative proportion surviving at the 24-month interval.

Data Limitations: None

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076 - R 01 - 03 – 01

Outcome: 02 Percentage of tuberculosis cases that completed therapy within 12 months

Short Definition: The number of tuberculosis cases which have started on a recommended course of therapy are evaluated by the Tuberculosis Elimination Division after twelve months to identify those completing the therapy within this time frame.

Purpose/Importance: The number of tuberculosis cases which have started on a recommended course of therapy are evaluated by the Tuberculosis Elimination Division after twelve months to identify those completing the therapy within this time frame.

Source/Collection of Data: The providers have a standard manual format and procedure for reporting this source data to the Tuberculosis Elimination Division. Tuberculosis Management Information System (TBMIS) database

Method of Calculation: The percentage is calculated by dividing the number of cases starting therapy into the number completing appropriate therapy within twelve months, or still on treatment at 12 months, multiplied by 100%. Cases considered are those which started on therapy at least twelve months prior to the date this measure is calculated. Patients who die or move out of state before completing therapy are excluded from the calculation.

Data Limitations: None

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076 - R   01 - 03 – 02

Outcome: 03 Reported zoonotic diseases

Short Definition: Those diseases and injuries transmitted from animals to man. Examples of zoonotic conditions of importance include rabies,lyme borreliosis, murine typhus, rocky mountain spotted fever, plague, psittacosis, mosquito-borne encephalitides, hantavirus infections and severe animal bites. The measure is the total number of zoonotic conditions investigated by fiscal year from entities throughout the state to the TDH central office.

Purpose/Importance: Measures those diseases and injuries transmitted from animals to man.

Source/Collection of Data: Zoonotic Incident Reports (ZIRs) are filed by regional zoonosis personnel after each investigation and transmitted to the central office electronically and unduplicated disease investigation reports submitted to the Division of Infectious Disease Epidemiology and Surveillance (IDEAS).

Method of Calculation: The measure is the total number of zoonotic conditions investigated by fiscal year from entities throughout the state to the TDH central office.

Data Limitations: None

Calculation Type: Non-cumulative

New Measure*:* No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076 - R   01 - 03 – 03

Outcome: 04 Prevalence of smoking among adult Texans

Short Definition: This is a measure of the prevalence of smoking among adult Texans, based on the Behavioral Risk Factor Survey, which is a telephone survey relating to selected life style behaviors, conducted on randomly selected residents on a monthly basis.

Purpose/Importance: This is a measure of the prevalence of smoking among adult Texans.

Source/Collection of Data: Behavioral Risk Factor Surveillance Survey, a telephone survey relating to selected life style behaviors, conducted on randomly selected residents on a monthly basis. Texas population data (Bureau of State Health Data and Policy Analysis.)

Method of Calculation: This is a measure of the prevalence of smoking among adult Texans based on the number of adults who smoke divided by population of adult Texans times 100, statistically adjusted.

Data Limitations: None

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Lower than target

Cross Reference to Prior Biennium: AGY 501 076 - R   01 - 03 – 04

Outcome: 05 Rate of human exposure calls to poison control centers

Short Definition: Calculation of rate for number of human exposure calls per year per 1000 population.

Purpose/Importance: A Poison Control Center is designed to lessen severity of the impact of poisonings on the population. Documentation that positive change has occurred will be seen through an increase in the number of human exposure calls to these centers, rather than 911 calls or emergency room visits.

Source/Collection of Data: Quarterly Poison Control Center call logs as submitted to the Bureau of Epidemiology. Initial log submission will be manual, then will change to an automated system.

Method of Calculation: Calculation of rate is number of human exposure calls per year per 1000 population

Data Limitations: None

Calculation Type*:* Non-cumulative

New Measure: No

Desired Performance: Lower than target.

Cross Reference to Prior Biennium: AGY 501 076 - R   01 - 03 – 05

Outcome: 06 Vaccination coverage levels among children aged 19-35 months

Short Definition: This measure uses data collected from the National Immunization Survey (NIS) to estimate the proportion of 19 to 35 month old children who are vaccinated with the routine childhood vaccines (Four doses of diphtheria and tetanus toxoids and pertussis vaccine, three doses of poliovirus vaccine, and one dose of measles-mumps-rubella vaccine).

Purpose/Importance: Measures the vaccination coverage levels among children aged 19-35 months.

Source/Collection of Data: The National Immunization Survey is conducted by a company under contract with the National Immunization Program. The NIS is coordinated by the National Immunization Program (NIP) and this data is collected by a company under contract with NIP. The NIS contractor calls randomly generated telephone numbers to find households that contain children 19 to 35 months of age and then interviews the child's parent or guardian. The NIS uses the 19-35 month age group based on sampling methodology and data analysis needs. Vaccination dates are verified by the child's medical provider.

Method of Calculation: The proportion of 19 to 35 month old children who are vaccinated is estimated based on the data collected in the NIS. The NIS is conducted on a quarterly basis and results are reported on the most recent four quarters to look at trends at the state level.

Data Limitations: None.

Calculation Type*:* Non-cumulative

New Measure: No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076 - R   01 - 03 – 06

Outcome: 07 Statewide prevalence of smoking among middle school (6ᵗʰ-8ᵗʰ grade) youth

Short Definition: This is a measure of the prevalence of cigarette smoking among middle school (6ᵗʰ-8ᵗʰ grade) students in Texas.

Purpose/Importance*:* Measures statewide prevalence of smoking among middle school (6ᵗʰ – 8ᵗʰ grade) youth.

Source/Collection of Data: Texas Youth Tobacco Survey, a school-based survey relating to tobacco use behaviors.

Method of Calculation: Percentage of middle school (6ᵗʰ-8ᵗʰ grade) survey respondents who reported having smoked cigarettes on one of the thirty days preceding the survey equals the number of middle school survey respondents divided by the population of middle school students in Texas times 100, statistically adjusted.

Data Limitations: None

Calculation Type: Non-cumulative

New Measure: Yes

Desired Performance: Lower than target

Cross Reference to Prior Biennium: None

Outcome: 08 Prevalence of smoking among middle school (6ᵗʰ-8ᵗʰ grade) youth in pilot targeted area of Texas

Short Definition: This is a measure of the prevalence of cigarette smoking among middle school (6ᵗʰ-8ᵗʰ grade) students in the pilot project targeted area of Texas. The targeted pilot project area consists of Tyler, Lufkin, Waco, Texarkana, Longview, Bryan-College Station, Beaumont, Port Arthur, E. Harris County, Galveston County, S. Harris County, Brazoria County, NW Harris County, Montgomery/Waller County, Fort Bend, W. Harris County, NE Harris County, and Liberty/ Chambers County.

Purpose/Importance*:* Measures the prevalence of cigarette smoking among middle school (6ᵗʰ – 8ᵗʰ grade) students in the pilot project targeted area of Texas.

Source/Collection of Data: The measurement is based on the Texas Youth Tobacco Survey, which is a school based survey relating to tobacco use behaviors.

Method of Calculation*:* Percentage of middle school (6ᵗʰ-8ᵗʰ grade) survey respondents who reported having smoked cigarettes on one of the thirty days preceding the survey in targeted area equals the number of middle school survey respondents having smoked cigarettes on one of the thirty days preceding the survey in targeted area divided by the population of middle school survey respondents in targeted area times 100, statistically adjusted.

Data Limitations: None.

Calculation Type: Non-cumulative

New Measure: Yes

Desired Performance: Lower than target

Cross Reference to Prior Biennium: None

Outcome: 09 Number of adolescents and young adults reported with chlamydia per 100,000 population

Short Definition: The outcome measure, the adolescent and young adult rate of chlamydia per 100,000 is a morbidity measure which is governed by the levels of unprotected sexual activity among adolescents and young adults age 15-24 and by how prevalent the disease is among their sexual partners. In recent years, the majority of Texas=s chlamydia cases have been found in this age-group.

Purpose/Importance: The measure is important because chlamydia infection can result in serious complications such as pelvic inflammatory disease and ectopic pregnancy and because infants of pregnant women can become infected.

Source/Collection of Data: Chlamydia cases are reported through the STD surveillance system. Cases are first reported to local and regional health departments and then are conveyed to the TDH central STD surveillance office; information sent in with each case report permits the distinction of the age-group of interest.

Method of Calculation: To calculate the rate per 100,000, we take the number of chlamydia cases for males and females age 15-24 and divide it by the estimated Texas population (from TDH=s Epigram software, which, in turn, uses population estimates made by Texas A & M University) in the same age-group. The quotient is then multiplied by 100,000 to get the morbidity rate per 100,000 adolescent-young adults in the Texas population.

Data Limitations: As with most surveillance-based rate measures, the rate may be affected by surveillance reporting artifacts and by re-estimations of the population, as well as by real increases or decreases in disease. Surveillance for chlamydia has improved since 1998. Further, TDH is a partner in the Infertility Prevention Project (which actively screens women for chlamydia and gonorrhea). Due to these two factors, chlamydia rates have been increasing in recent years. We expect some continued increase in rates due to better surveillance. Screening is predicted to be stable. Rates should decrease only after the backlog of silent prevalent chlamydia cases is diagnosed and treated.

Calculation Type: Non-cumulative.

New Measures: Yes

Desired Performance: Lower than target

Cross Reference to Prior Biennium: None

Outcome: 10 Crude Incidence Rate of TB in Texas

Short Definition: This measures indicates the degree to which tuberculosis (TB) is occurring in the Texas population.

Purpose/Importance: This measure reflects how successful TB elimination efforts are in Texas.

Source/Collection of Data: TB is a reportable disease in Texas. The number of TB cases is available through the case register maintained by the Tuberculosis Elimination Division, Texas Department of Health. The population estimates are obtained from the Texas State Data.

Method of Calculation: The number of TB cases in the fiscal year is divided by the mid-year population estimate of Texas times 100,000.

Data Limitations: A study conducted in the early 1990's to determine how well the reporting system was functioning found that the total percentage of cases reported was in excess of 95%.

Calculation type: Non-cumulative

New Measure: Yes

Desired Performance: Lower than target

Cross Reference to Prior Biennium: None

Strategy: 01-03-01 Sexually Transmitted Diseases (HIV)

Efficiency: 01 Cost per HIV prevention counseling session

Short Definition: Determines the unit cost per HIV prevention counseling sessions

Purpose/Importance: Identifies the unit cost for HIV prevention counseling sessions funded by contract with local health departments and community-based organizations to provide these services

Source/Collection of Data: Counseling data are submitted by individual TDH contractors on computerized forms to the Research and Program Evaluation branch of the HIV/STD Epidemiology Division. Budget data are maintained by the Grants and Contracts branch of the HIV/STD Health Resources Division.

Method of Calculation: The number of HIV prevention counseling sessions is defined as the total number of counseling sessions reported to TDH by these contractors.   The unit cost includes only the direct cost to TDH of contracts to provide prevention-counseling services. The unit cost does not include costs for conducting laboratory testing, costs of counseling provided in TDH clinics by staff funded through other programs, or TDH administrative and indirect costs.   Unit cost is calculated by dividing the total dollars allocated to prevention counseling contractors by the number of sessions reported by the contractors.

Data Limitations: None

Calculation Type: Non-cumulative

New Measure: Yes

Desired Performance: Lower than target

Cross Reference to Prior Biennium: None

Output: 01 Number of persons provided social and medical services after diagnosis of HIV infection

Short Definition: The number of persons provided social and medical services and education after diagnosis of HIV infection.

Purpose/Importance: The number of persons provided social and medical services and education after diagnosis of HIV infection and is a measure which reflects the number of individuals with HIV disease receiving comprehensive outpatient health and support services.

Source/Collection of Data: Client data are collected from each of the twenty-six HSDA administrative agencies quarterly using TXclient software. Non-cumulative data are sent to TDH in an electronic file format using the CD4 Online Management Patient Information System (COMPIS). If COMPIS is not presently in use at the administrative agency, data are collected by established manual tabulation procedures.

Method of Calculation: Number of persons provided social and medical services after diagnosis of HIV infection

Data Limitations: The measure does not currently account for clients who relocate to another Health Service Delivery Area (HSDA) to receive health and social services, and it does not currently reflect an unduplicated count of clients across the state.

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Higher than target

Output: 02 Number of persons served by the HIV medication program

Short Definition: The number of HIV infected persons below 200% of poverty enrolled in the Texas HIV Medication Program who have received medication.

Purpose/Importance: The number of HIV infected persons below 200% of poverty enrolled in the Texas HIV Medication Program who have received medication.

Source/Collection of Data: This information is retrieved from the HIV medication Program database, ORDERS.dbf. which is maintained by the HIV/STD Medication Program staff.

Method of Calculation: The number of HIV infected persons below 200% of poverty enrolled in the Texas HIV Medication Program who have received medication. This is the number of unduplicated individuals that have presented a prescription and received the medication between any two specified dates. It does not reflect the number of persons active on the program who were eligible to fill prescriptions but did not do so within the specified dates.

Data Limitations: None

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076 - R   01 - 03 - 01   OP 03

Output: 03 Number HIV prevention counseling sessions

Short Definition: Identifies the total number of initial and follow-up HIV prevention counseling sessions reported by TDH-funded counseling sites. Prevention counseling involves a one-on-one interaction between a counselor and client with the goal of encouraging and providing support for client-created HIV/STD risk reduction plans. Clients who seek HIV prevention counseling, or who are offered counseling through outreach/field work may or may not choose to include an HIV test as part of the session, and may or may not return for follow-up counseling and/or HIV test results.

Purpose/Importance: Identifies the total number of initial and follow-up HIV prevention counseling sessions reported by TDH-funded counseling sites.

Source/Collection of Data: All counseling encounters are documented by prevention counselors using a standards data sheet which is submitted to the TDH. This data form includes demographic and risk behavior elements, but does not contain client names or other identifiers proven to uniquely identify a client, and thus allow for unduplication of the records.

Method of Calculation: New data forms are submitted each time a client seeks initial counseling; HIV testing results and data from follow-up counseling are included on the original form with the documentation of the initial counseling. Clients who seek initial counseling multiple times in a state fiscal year will be represented multiple times. The measure represents, therefore, not clients, but the total number of initial and follow-up counseling sessions reported by local health departments and community based organizations who contract with TDH to provide prevention counseling services. These data are used to evaluate contractors' progress towards contractual goals, and provide valuable information for program evaluation efforts. The number of sessions is an actual count, and total numbers can be added cumulatively from one period to another. This measure serves as the divisor in the efficiency measure that identifies the average cost per session of prevention counseling services.

Data Limitations: None

Calculation Type: Cumulative

New Measure: Yes

Desired Performance: Higher than target

Cross Reference to Prior Biennium: None

Strategy: 01-03-02 Immunizations

Efficiency: 01 Average cost per dose of vaccine purchased with state funds

Short Definition: This measure reflects the average cost per dose of all vaccines purchased with state funds For this measure, the term "vaccine" is defined as: vaccines, toxoids, and biologicals

Purpose/Importance: This measure reflects the average cost per dose of all vaccines purchased with state funds during each quarter of the fiscal year period.

Source/Collection of data: Data comes from state general revenue account in immunization database.

Method of Calculation: This measure reflects the average cost per dose of all vaccines purchased with state funds during each quarter of the fiscal year period. During the fiscal year, the total dollar value of state-funded vaccines purchased by the Immunization Division is divided by the total number of doses of vaccine purchased to arrive at the average cost per dose

Data Limitations: None

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Lower than target

Cross Reference to Prior Biennium: AGY 501 076 - R   01 - 03 - 02   EF 01

Explanatory: 01 Dollar value (in millions) of vaccine provided by the federal government

Short Definition: The Centers for Disease Control and Prevention (CDC) provides two sources of direct assistance funding for the purchase of childhood and adult vaccines/toxoids/biologicals--The Childhood Immunization Grant (317 Grant) and the Vaccines for Children (VFC) Program. These direct assistance awards are in the form of actual vaccine products in lieu of cash awards. In 1997 these awards were more than $40 million. At the beginning of each calendar year the Centers for Disease Control and Prevention (CDC) estimates the amount of 317 and VFC vaccine awards that the Texas Department of Health will receive during that grant period.

Purpose/Importance: Dollar value (in millions) of vaccine provided by the federal government

Source/Collection of Data: Award amounts are issued several times throughout the grant year in Notices of Grant Award (NGA). The NGA includes a summary of direct assistance vaccine awarded to date. The Immunization Division also maintains records on the amount of 317 and VFC vaccine awards received.

Method of Calculation: Most years the total amount of 317 and VFC vaccine awarded is less than the amount projected by CDC at the beginning of the year. Although it is difficult to accurately predict at the beginning of the year the amount of 317 and VFC vaccine available to Texas, actual award amounts are available as vaccine is received and total will be reported at the end of the fiscal year.

Data Limitations: None

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076 - R 01 - 03 - 02 EX 01

Explanatory: 02 Number of sites participating in registry system

Short Definition: This measure will count the number of providers (public and private) insurance companies, schools, and day care centers participating in the statewide immunization registry with installation of the ImmTrac software.

Purpose/Importance: An increase in the number of providers participating in the registry is important for the growth of the number of children's records contained in the database and immunization histories stored in the registry.

Source/Collection of Data: Following installation of the ImmTrac software at the provider site, the ImmTrac System Support Specialist will enter the provider site name, contact person, address and phone number in the HEAT (Helpdesk Expert Automation Tool) database. The HEAT database can produce quarterly reports documenting the number of sites installed with the registry software

Method of Calculation: For the purposes of this definition, we define sites as the facility or office utilizing the software and not the individual workstation installed with the software. This will be a frequency or simple count of the number of registered providers who have gained access to the immunization registry by installation of the software by TDH staff.

Data Limitations: Implementation of rules for HB3054 mandating reporting of immunizations administered to the registry will have significant impact on the number of providers participating. HB3054 requires parental consent for inclusion of the child's data in the registry. Liability issues surrounding parental consent by the providers and insurance companies are problematic. Three full time installers and three full time training specialists will be responsible for meeting the needs of the entire state. Limited or reduced travel budgets will impact the rate or speed in which the registry software can be distributed.

Calculation Type: Cumulative

New Measure: No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076 - R 01 - 03 - 02 EX 02

Output: 01 Number of doses administered

Short Definition: Total doses of vaccine administered. The term "vaccine" refers to all vaccines/toxoids/biologicals

Purpose/Importance: Total doses of vaccine administered

Source/Collection of Data: Data are submitted in either automated or written format (C-5 form) from providers of state-supplied vaccines, including regional public health clinics, local health departments/districts, WIC offices, community and rural health centers, and private providers. The data are reported monthly by each provider, and upon arrival in the Immunization Division are entered into an automated database. The databases are as follows: Immunization Tracking System, NIADS, ICES, KIDS, and VAX.

Method of Calculation: A report is produced based on aggregated data from each database.

Data Limitations: None

Calculation Type: Cumulative

New Measure: No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076 - R   01 - 03 - 02   OP 01

Output: 02 Number of suspected and confirmed vaccine preventable disease investigations

Short Definition: The occurrence of disease can measure the effectiveness of an immunization program. Every suspected case of selected vaccine-preventable diseases (measles, rubella, mumps, pertussis, tetanus, diphtheria, paralytic poliomyelitis, hepatitis B, and invasive Hemophilus influenza type b infections) requires investigation to confirm or rule out the diagnosis

Purpose/Importance: This measures the timeliness and the level of intensity to which public health responds to reports of suspected vaccine-preventable diseases.

Source/Collection of Data: Local and regional health departments are required to investigate suspected cases of vaccine-preventable diseases listed above; therefore, data are provided by local and regional staff, and by private and school health professionals. The Immunization Division most often learns of suspected cases through telephone contacts, and case investigation forms are later mailed or faxed to the Division

Method of Calculation: This measure is calculated by the number of suspected vaccine-preventable diseases for which a disease investigation has been completed; this is a simple count (frequency). Since the number of investigations is dependant upon the number of suspected cases for a given disease, and diseases are often seasonal, this count tends to be quite variable. Another way to measure program effectiveness is to calculate the percentage of suspected cases that are investigated.

Data Limitations: None

Calculation Type: Cumulative

New Measure: No

Desired Performance: Lower than target

Cross Reference to Prior Biennium: AGY 501 076 - R   01 - 03 - 02   OP 02

Output: 03 Number of vaccine doses purchased with state funds

Short Definition: The number of vaccine doses purchased with state funds. The term "vaccine" is defined as: vaccines/ toxoids/biologicals.

Purpose/Importance: The number of vaccine doses purchased with state funds. The term "vaccine" is defined as: vaccines/ toxoids/biologicals.

Source/Collection of Data: The source of the data used for this measure is provided from accounting ledgers maintained in an automated system in the Immunization Division. The data may also be retrieved from the department's Materials Acquisition and Management Division (MAMD) automated purchasing system. Each time an order for vaccines is placed, both divisions' automated systems will be updated. Each quarterly measure report will be based on all doses of vaccines purchased with state funds during that period.

Method of Calculation: All vaccines will be counted by doses indicated by the manufacturer with the exception of immune globulin products. For this report, 2ml will be counted as one dose. The division will cross-check the automated accounting system with the department's MAMD purchasing system to verify accuracy of the purchases made.

Data Limitations: None

Calculation Type: cumulative

New Measure: No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076 - R   01 - 03 - 02   OP 03

Strategy: 01-03-03 Preventable Diseases

Effiency: 01 Average cost per surveillance activity and field investigation conducted

Short Definition: Total expenditures associated with surveillance activities and field investigations divided by the total number of activities and investigations conducted.

Purpose/Importance: Measures the average cost per surveillance activity and field investigations conducted.

Source/Collection of Data: The cost is cumulative for any fiscal year and is compiled via spreadsheet from activity reports submitted by staff.

Method of Calculations: The method of calculation is hours spent multiplied by the staff's hourly pay, in addition to any travel expenses.

Data Limitations: None

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Lower than target

Cross Reference to Prior Biennium: AGY 501 076 - R   01 - 03 - 03   EF 01

Efficiency: 02 Average cost per clinical preventive activity provided

Short Definition: The average cost per clinical preventive activity provided equals the total expenditures associated with tuberculosis (TB) and chronic disease clinical preventive activities divided by the number of clinical activities provided.

Purpose/Importance: Measures the average cost per clinical preventive activity (TB and chronic disease) provided.

Source/Collection of Data: Expenditure data is from Categories 01 (Salaries) and 89 (Employees Benefits) for TDH Regions, Category 40 (Client Services- Medical) and Category 41 (Grants) for all budgets under Fund 568 and clinical activities from the Tuberculosis Management Information System (TBMIS) and the automated databases with in Chronic Disease Prevention, which is compiled from activity reports submitted by screening providers. Chronic disease activities counted are those services directly provided through the regions as well as those provided through funded programs: clinical breast exams, mammograms (diagnostic and screening), pap test, ultra sound, fine needle aspiration, biopsies, and colonoscopies.

Method of Calculation: This measure is equivalent to the total expenditures for Categories 01 (Salaries) and 89 (Employee Benefits) for Regions, Category 40 (Client,Services - Medical)and Category 41 (Grants) for all budgets with fund 568, divided by the total number of clinical prevention activities provided for the same quarter.

Data Limitations: None

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Below target

Cross Reference to Prior Biennium: AGY 501 076 - R   01 - 03 - 03   EF 02

Output: 01 Number of surveillance activities and field investigations conducted

Short Definition: Epidemiologic surveillance activities and field investigations that take more than one hour to address and require an analysis of disease, injury, or harmful exposure data. These activities and investigations are designed to discover the cause, extent, and impact of the condition and lead to control recommendations and activities for this disease, injury, or exposure. The number includes contacts of suspected and confirmed tuberculosis cases that are examined; zoonotic samples collected, disease case investigations, community surveys, cancer cluster investigations, and other epidemiological studies.

Purpose/Importance: Measures number of surveillance activities and field investigations conducted.

Source/Collection of Data: Tuberculosis Management Information System (TBMIS), 2) Cancer registry activity reports, 3) activity reports in the Bureau of Epidemiology, 4) Zoonosis Control Division Work Plan/Monthly Report (WPMR), and 5) Monthly Workload Activity Report prepared by the IDEAS staff.

Method of Calculation: The number includes contacts of suspected and confirmed tuberculosis cases that are examined; zoonotic samples collected, disease case investigations, community surveys, cancer cluster investigations, and other epidemiological studies.

Data Limitations: None

Calculation Type: Cumulative

New Measure: No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076 - R   01 - 03 - 03   OP 01

Output: 02 Number of birth defect, cancer, environmental, and injury reports handled by the appropriate registry

Short Definition: Surveillance systems have been established to determine the scope and magnitude of selected public health problems. These records are analyzed for trends, leading to possible strategies for prevention and control. The number includes reports of cases from routine surveillance activities, institutional case reporting, and reports obtained as a result of special collection efforts for injuries, birth defects, cancer, childhood lead, occupational conditions, and hazardous substances emergency events (spills).

Purpose/Importance: Measures the number of birth defect, cancer, environmental, and injury reports handled by the appropriate registry

Sources/Collection of Data: Data sources: BDMD.DBF for birth defects; SANDCRAB database for cancer; STELLAR for childhood lead; PB, ASBESTOS.DBF, SILICOSIS.DBF, and SENSOR for occupational conditions; AUSTIN. DBF and HOUSTON. DBF for hazardous substances emergency events surveillance; SCITEX.REC , SCIYYYTD.DBF, LONGDROWN.MDB, HOSPXXYTD.DBF, PREXXYTD.DBF, TBI.REC, and TBIYYYTD.DBF for injury.

Method of Calculation: The number includes reports of cases from routine surveillance activities, institutional case reporting, and reports obtained as a result of special collection efforts for injuries, birth defects, cancer, childhood lead, occupational conditions, and hazardous substances emergency events (spills).

Data Limitations: None

Calculation Type: Cumulative

New Measures: No

Desired Performance: Lower than target

Cross Reference to Prior Biennium: AGY 501 076 - R   01 - 03 - 03   OP 02

Output: 03 Number of diabetes-related technical and educational consultations and preventive activities provided

Short Definition: The number of diabetes-related technical and educational consultations and clinical preventive activities provided consists of the sum of the activities listed in the method of calculation.

Purpose/Importance: Measures the number of diabetes-related technical and educational consultations and clinical preventive activities provided.

Source/Collection of Data: Manual and computerized program reports, progress reports, activity reports, project reports, tracking forms, screening forms, and mailing lists.

Method of Calculation: The number of diabetes-related technical and educational consultations and clinical preventive activities provided consists of the sum of the following activities: 1. Number of clients receiving diabetes educational services through group education, one-one-education, and community outreach. 2. Number of health care professionals receiving education (counted by proxy according to the number of educational and technical presentations and consultations given). 3. Number of diabetes eye disease screenings provided through the Diabetic Eye Disease Program.

Data Limitations: None

Calculation Type: Cumulative

New Measure: No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076 - R   01 - 03 - 03   OP 03

Output: 04 Number of children provided dental sealants

Short Definition: This is an unduplicated count of children who receive pit and fissure sealants provided by the Oral Health Services program in accordance with Chapter 43 of the Health and Safety Code.

Purpose/Importance: Dental sealants are a proven means of preventing tooth decay and this measure assures that action is taken to reduce the incidence of tooth decay.

Source/Data Collection: Patient treatment information is reported by regional dental clinic personnel, participating local health department dental programs, and by fee-for-service contracted providers. This information indicates the exact procedures performed on each patient. The central office Oral Health Services database is updated with this information electronically and/or manually (Form N-19 or Form N-18). The data source is the Oral Health Services database.

Method of Calculation: This is an unduplicated count of children who receive pit and fissure sealants provided by the Oral Health Services program in accordance with Chapter 43 of the Health and Safety Code.

Data Limitations: Complete data may not be available for the reporting period at the time the report is due; therefore, projections may be included based on the data available.

Calculation Type: Cumulative

New Measure: No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076 - R   01 - 03 – 03   OP 0

Output :   05 Number of clinical preventive activities provided

Short Definition: Tuberculosis clinical preventive activities include the number of suspected and confirmed cases managed, plus the number of persons completing preventive therapy. Chronic disease activities counted are those services directly provided throu8gh the regions as well as those provided through funded programs and include: clinical breat exams, mammograms, (diagnostic and screening) pap test, ultra sound, fine needle aspiration, biopsies, and colposcopies.

Purpose/Importance: Tuberculosis clinical preventive activities include the number of suspected and confirmed cases managed, plus the number of persons completing preventive therapy. Chronic disease activities counted are those services directly provided throu8gh the regions as well as those provided through funded programs and include: clinical breat exams, mammograms, (diagnostic and screening) pap test, ultra sound, fine needle aspiration, biopsies, and colposcopies.

Source/Collection of Data: Tuberculosis Management Information System (TBMIS), and computerized databases within Chronic Disease Prevention, compiled from activity reports submitted by screening providers.

Method of Calculation: The number of suspected and confirmed cases managed, plus the number of persons completing preventive therapy are counted and reported to the Tuberculosis Elimination Division's data management activity and computerized databases within Chronic Disease Prevention, compiled from activity reports submitted by screening providers.

Data Limitations: None

Method of Calculation: Cumulative

New Measure: No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076 - R   01 - 03 - 03   OP 05

Strategy: 01-03-04 Chronic Disease Services

Efficiency: 01 Average cost per chronic disease service

Short Definition: These measures of efficiency include the following chronic disease services: A) Kidney health allowable services, which are varied in range and cost. This measure is the average amount paid per KHC recipient per fiscal year. B) This measure is the average amount paid per hemophilia recipient per fiscal year. It will be determined per hemophilia recipient served per fiscal year by dividing the total client services expenditures by the total number of unduplicated recipients.

Purpose/Importance: These measures of efficiency include the following chronic disease services: A) Kidney health allowable services, which are varied in range and cost. This measure is the average amount paid per KHC recipient per fiscal year. B) This measure is the average amount paid per hemophilia recipient per fiscal year. It will be determined per hemophilia recipient served per fiscal year by dividing the total client services expenditures by the total number of unduplicated recipients.

Source/Collection of Data: Data are derived from the HAP payment history files and from KHC ledger history files.

Method of Calculation: The average cost per chronic disease service will be determined per recipient served per fiscal year by dividing the total client services expenditures by the total number of unduplicated recipients.

Data Limitations: None

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Lower than target

Cross Reference to Prior Biennium: AGY 501 076 - R   01 - 03 - 04   EF 01

Output: 01 Number of kidney health clients provided services

Short Definition: The measure is the total number of unduplicated recipients for whom Kidney Health Care (KHC) made payment or reimbursed for services received during the fiscal year.

Purpose/Importance: The measure is the total number of unduplicated recipients for whom Kidney Health Care (KHC) made payment or reimbursed for services received during the fiscal year.

Source/Collection of Data: Data are derived from KHC ledger history files.

Method of Calculation: The measure is the total number of unduplicated recipients for whom Kidney Health Care (KHC) made payment or reimbursed for services received during the fiscal year. Data are non-cumulative, and the reported values will be updated on a quarterly basis.

Data Limitations: Due to retroactive benefits and extended filing, actual data may not be complete for six (6) months or more.

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Lower than target

Cross Reference to Prior Biennium: AGY 501 076 - R   01 - 03 - 04   OP 01

Output: 02 Number of technical and educational consultations provided to Alzheimer's patients

Short Definition: The number of persons (Alzheimer patients and/or their care givers) who make calls to the toll-free number, access the TDH Alzheimer's disease website, receive the TDH Alzheimer's disease newsletter, attend TDH sponsored conferences and presentations, and receive informational packets and materials on Alzheimer's disease.

Purpose/Importance: The number of persons (Alzheimer patients and/or their care givers) who make calls to the toll-free number, access the TDH Alzheimer's disease website, receive the TDH Alzheimer's disease newsletter, attend TDH sponsored conferences and presentations, and receive informational packets and materials.

Source/Collection of Data: Sign-in sheets for persons attending conferences and presentations, an activity log documenting requests for informational/educational packets and technical assistance, a computer generated log of toll-free calls from AT&T and TDH, a counter on the Alzheimer's disease website, and the newsletter distribution database.

Method of Calculation: The number of persons (Alzheimer patients and/or their care givers) who make calls to the toll-free number, access the TDH Alzheimer's disease website, receive the TDH Alzheimer's disease newsletter, attend TDH sponsored conferences and presentations, and receive informational packets and materials.

Data Limitations: None

Calculation Types: Cumulative

New Measure: Yes

Desired Performance: Higher than target

Cross Reference to Prior Biennium: None

Output: 03 Number of epilepsy program clients provided services

Short Definition: Number of epilepsy program clients provided services

Purpose/Importance: Measures number of epilepsy program clients provided services.

Source/Collection of Data: Information obtained from the Epilepsy Contractor Quarterly Reports.

Method of Calculation: Number of persons receiving epilepsy services through funded programs. A quarterly tabulation is made based on information obtained from the Epilepsy Contractor Quarterly Reports.

Data Limitations: None

Calculation Type: Cumulative

New Measure: No

Desired Performance: Lower than target

Cross Reference to Prior Biennium: AGY 501 076 - R   01 - 03 - 04   OP 03

Output: 04 Number of hemophilia assistance program recipients

Short Definition: Number of hemophilia assistance program recipients

Purpose/Importance: Number of hemophilia assistance program recipients

Source/Collection of Data: HAP history files

Method of Calculation: The measure is the total number of unduplicated recipients for whom the Hemophilia Assistance Program (HAP) made payment for services received during the fiscal year.

Data Limitations: None

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Lower than target

Cross Reference to Prior Biennium: AGY 501 076 - R   01 - 03 - 04   OP 05

Strategy: 01-03-05 Tobacco Education & Prevention

Efficiency 01:   Average Cost per Capita for Populations Served in Pilot Targeted Area

Short Definition: This measures the average cost per capita for populations served in the targeted pilot area for tobacco education and prevention. Population served is defined as number of people reached with tobacco education and prevention exposure in the targeted pilot project area.

Purpose: The Texas Department of Health (TDH) received funding from Article XII Tobacco Settlement Receipts for tobacco education and prevention. This efficiency measure captures the average cost per capita for TDH's implementation of a statewide program to provide education, prevention and cessation in the used of cigarettes and tobacco products in Texas. The targeted pilot project area consists of Tyler, Longview, Bryan-College Station, Beaumont, Port Arthur, E. Harris County, Galveston Co., S. Harris Co., Brazoria Co., NW Harris Co., Montgomery/Waller Co., Fort Bend, W. Harris Co., NE Harris Co., and Liberty/Chambers Co.

Source/Collection of Data: TDH ISA mainframe, fiscal system expenditures for tobacco settlement funds and population data for the pilot targeted area.

Method of Calculation: The average cost per capita for populations served equals the total expenditures of the pilot program in the intervention area divided by the total population served in the pilot targeted area.

Data Limitations: None

Calculation Type: Non-cumulative

New Measure: Yes

Desired performance: Lower than target

Cross Reference to Prior Biennium: None

Output 01: Number of People Served in Tobacco Prevention Pilot Targeted Area

Short Definition: This measures the number of people served in the targeted pilot area for tobacco education and prevention. People served is defined as the number of people reached with tobacco education and prevention exposure in the targeted pilot project area.

Purpose: The Texas Department of Health (TDH) received funding from Article XII Tobacco Settlement Receipts for tobacco education and prevention. This output measure captures the impact of TDH's implementation of a statewide program to provide education, prevention and cessation in the used of cigarettes and tobacco products in Texas. The targeted pilot project area consists of Tyler, Longview, Bryan-College Station, Beaumont, Port Arthur, E. Harris County, Galveston Co., S. Harris Co., Brazoria Co., NW Harris Co., Montgomery/Waller Co., Fort Bend, W. Harris Co., NE Harris Co., and Liberty/Chambers Co.

Source/Collection of Data: Texas State Population Census data, School District data from the targeted area, media outreach estimates in the targeted area, and Program Reports.

Method of Calculation: The sum of school, media and program data related to tobacco education and prevention with elimination of overlap.

Data Limitations: None

Calculation Type: Cumulative

New Measure: Yes

Desired performance: Higher than target

Cross Reference to Prior Biennium: None